Santa Maria WATER DISTRICT	**Procedure 16** **CORRECTIVE ACTION**	Date prepared : January 6, 2017 Date approved : January 10, 2017 Effectivity Date : January 11, 2017 Revision No. : 00 Revision Date : Control No. : ***PM16-01***
Reviewed by: Engr. Carlos N. Santos, Jr. - GM		Approved by: Dir. Miguela G. Pleyto – BOD Chairperson

1.0 OBJECTIVES

1.1 Ensure that actions are identified and taken to correct reported nonconformities and/or prevent potential nonconformities.

2.0 SCOPE

This procedure defines the requirements, responsibilities and authorities for:

2.1 Reviewing reported nonconformities including customer feedback
2.2 Determining the causes and/or potential root causes
2.3 Evaluating and determining action needed
2.4 Implementing corrective
2.5 Recording the results of action taken
2.6 Reviewing the effectiveness of corrective action taken

3.0 REFERENCES

3.1 ISO 9001:**2015** Section 10.2-10.2.2
3.2 Procedure for Management Review

4.0 RESPONSIBILITIES AND AUTHORITIES

All

5.0 PROCESS

5.1 Corrective Action

5.1.2 Reviewing of nonconformities and customer feedback

a) All reported nonconformities shall be reviewed by personnel having direct responsibility for them ensuring correction are taken immediately to lessen its impact.

b) When a nonconformity occurs, including any arising from complaints, the organization shall:

1. React to the nonconformity and, as applicable:
2. Take action to control and correct it;
3. deal with the consequences;
4. Evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by:

    a. Reviewing and analyzing the nonconformity;
    b. Determining the causes of the nonconformity;
    c. Determining if similar nonconformities exist, or could potentially occur;

5. Implement any action needed;
6. Review the effectiveness of any corrective action taken;
7. Update risks and opportunities determined during planning, if necessary;
8. Make changes to the quality management system, if necessary.

c) Customer's feedback shall be reported using Corrective Action report (Form QMM 11) analyzing its cause and action taken.

5.1.3 Determining the causes and/or potential root causes

a) The concerned personnel shall gather and review all data relevant to reported nonconformities or received customer feedback and determine what are the causes and/or root causes.

5.1.4 Evaluating and determining the need for action to prevent recurrence

a) When the causes and/or potential root causes are identified, the ISO Coordinator and the DCO shall evaluate the need for action. He shall determine action required commensurate to the impact of nonconformity reported or feedback received to prevent its recurrence.

5.1.5 Implementing corrective action

a) Identified corrective action shall be completed within the required response time ensuring it is recorded and communicated.

5.1.6 Reviewing the effectiveness of corrective action taken

a) Corrective action taken shall be reviewed to determine its effectiveness to prevent recurrence of nonconformity or negative feedback. When deemed necessary, further implementation of corrective action or additional corrective measures shall be taken, recorded and communicated.

b) Perform follow-up 3 months after committed implementation date.

c) If corrective action is not effective, issue new non-conformity report but on the contrary if the issued non-conformity is effective close out non conformity by making proper notation.

5.2 Reporting the Status of Corrective Action

a) The ISO COORDINATOR will report the status of corrective actions to the General Manager during the management review meeting.

6.0 DOCUMENTED INFORMATION

6.1 Non-conformity Report
6.2 Concessionaire's Feedback
6.3 Corrective Action Report